

# Workplace Stress and Coping Strategies Among Cancer-Care Professionals

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## Commentary

Working in an oncology department necessitates a high level of self-discipline and energy to deal with all challenges. Health workers may experience stress, unhappiness, work alienation, and weariness as a result of providing treatment to cancer patients.

It has been noted that there are few contemporary studies on health professionals' stress coping mechanisms. As a result, this article contributes to the corpus of historical evidence by presenting a new study on oncology health practitioners.

Communication problems are often the source of patient and family discontent, which has spawned a large body of study. When staff members are experienced, kind, and available to patients for continued explanations and comfort, patients can bear unfavourable outcomes with less rage directed at them. A significant factor is a lack of individual knowledge. Health care workers have been observed to react to their inadequacy with not only tension, anxiety, and avoidance, but also low self-esteem and job satisfaction.

Stress in cancer clinics is assumed to be caused by a mismatch between an individual's coping abilities and the demands of the workplace, with the demands outweighing the individual's ability to cope. Major stressors have been identified as interactions with patients and the necessity to cope with death. Health-care providers will either be able to cope with pressures caused by institutional variables or will be unable to do so, resulting in discomfort. The caregiver-patient relationship can cause a lot of stress for medical workers. At this stage, it's critical to identify the patient's emotional weariness.

Workplace stressors and working environments must be precisely identified. A number of stressors have been linked to physician job stress. Demands of work, high work load, long duty hours, financial troubles, conflict between professional and personal lives, patient problems, and those related to the occurrence of mortality are all reasons that cause occupational stress for physicians. Various job pressures have been linked to mental health issues among doctors. Interactions with coworkers, perceived professional knowledge deficiency, diagnostic and treatment process, stress in patient dialogues, and psychological morbidity have all been demonstrated to have a substantial association. Such information is regarded to be useful in identifying the stress that health care personnel who work with cancer patients suffer.

The most important stressor for health care providers is the care given to patients and the interest shown in them, followed by conflict between team members, lack of confidence and autonomy, job load, and authority issues. Nurses have been found to have higher stress levels than physicians. Concerns about duty, being compelled to make decisions under time constraints, and increased criticism and complaints from patients are all pressures for nurses.

Because of the distressing effect of illness on patients and their families, nurses working in oncology face a variety of professional pressures. Because oncology nurses' stressors differ, interventions designed for one group may be ineffective or inappropriate for another. The length of time a nurse has worked in oncology has been recognised as a factor that aids in stress management.

Burnout and/or clinically severe anxiety or depression are common among oncology professionals, according to numerous research. Discovered 44% of instances in oncology and 40% in HIV personnel. Using a survey of 1000 American oncologists, discovered that 56% of them were burnt out. The lowest academic personnel score and the highest academic personnel score both exhibited a positive link with the amount of direct patient care in this study. Bram and Katz (1989) contrasted hospital and hospice nurses and discovered that hospice nurses were less burned out than hospital nurses. Contrasted working circumstances in hospital-based home care with hospital care; while both were stressful, the home-based group did better. Those on hospice units, as well as staff on units where they feel more free to express their opinions and have a sense of solid relationships, have lower stress levels.

The impacts of stress are not necessarily negative. The ability to cope with stress has an impact on one's health. Coping behaviours' efficacy is determined by the situation in which they are employed. Some coping strategies are effective in some contexts but not in others. The effectiveness of a coping technique is assessed solely by its effects in a specific situation and in the presence of long-term stress.

Because many stressful situations that physicians face do not alter in essence (for example, repeatedly confronting dying patients), it is critical to reduce this stress. Physicians have been found to use two coping methods. Specifically, a problem-focused strategy that focuses on dealing with the source of stress and an emotionally focused approach that focuses on reducing the emotional effects of stress, regardless of the reason. In addition to these broad categories, there are a variety of more particular coping mechanisms. For example, four coping methods for physicians: problem solving, seeking social support, blaming others, and avoidance.

Despite the fact that nursing is intimately linked to stress, it has been discovered that nurses are not very good at dealing with it. According to empirical studies, nurses with high workloads use more problem-solving techniques, nurses under stress owing to patient demands and home/work conflicts employ social support strategies, and avoidance is the most dependable indication of stress and job discontent. It's critical to understand the nature, sources, and repercussions of stress in both professions in order to deal with it effectively.

It was shown that 180 health care workers (physicians and nurses) working in seven different oncology facilities had moderate levels of burnout in a study designed to investigate the frequency of burnout syndrome. Despite the fact that the sources of stress and the impact of stress on health care workers working with cancer patients are well-known and a subject of worry, job stress is one of the concerns that our country rarely addresses.